

Please detach this sheet from the application and keep for future reference.

**LUMPKIN COUNTY SHERIFF'S OFFICE
EQUAL OPPORTUNITY EMPLOYERS
APPLICATION INFORMATION FORM SO-I**

TO: APPLICANT FOR THE LUMPKIN COUNTY SHERIFF'S OFFICE POSITION.

Attached is an application for employment with the Lumpkin County Sheriff's Office. You must be at least 21 years of age and meet certain other standards to be considered for employment as a Deputy Sheriff. You must be at least 18 years of age to be considered for employment as a Detention Officer or Communications Officer.

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION.

1. Certified copy of Birth Certificate.
2. Certificate of Citizenship if naturalized or repatriated citizen of the United States.
3. Certified copy of High School / College Diploma or GED.
4. Certified copy of Military discharge (Form DD214, Member 4), if a veteran of the Armed Forces.
5. Georgia P.O.S.T. Certificate if certified by the State of Georgia as a law enforcement officer.

(A) Applicants will be required to have fingerprints made as a part of the criminal history background investigation. The Lumpkin County Sheriff's Office will arrange to have this completed.

(B) Applicants considered for employment may be required to submit to a pre-employment Polygraph examination at the request and expense of the Lumpkin County Government. Polygraph questions may be drawn from the following areas: Driving Record, Illegal Drugs, Criminal Activity, Physical Health, Thefts, and Work Record.

(C) Applicants considered for employment are required to complete a pre-employment health screen at the request and expense of the Lumpkin County Government.

(D) Applicants considered for employment are required to complete a pre-employment Drug Screen at the request and expense of the Lumpkin County Government.

(E) Applicants who do not successfully complete any part of the pre-employment process will not be considered as eligible for employment.

(F) A background investigation of all applicants will be conducted by the Lumpkin County Sheriff's Office. The investigation will include viewing records concerning criminal and driver's histories. If any, contacting/interviewing past employers and personal references as listed on the application, and contacts with other parties that might arise from the investigation to confirm suitability for employment.

(G) The duration of the pre-employment process from the receipt of the application to the pre-employment interview is approximately 60-120 days.

(H) Applicants considered for employment with the Lumpkin County Sheriff's Office may be required to participate in an oral assessment conducted by the Sheriff's Office.

(I) Upon successful completion of all aforementioned requirements, applicants being considered for employment with the Lumpkin County Sheriff's Office are scheduled for an interview with the Sheriff.

Questions regarding the status of your application or questions related to employment, interviews, etc. should be directed to the Lumpkin County Sheriff's Office (706) 864-0414.

Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the

(Fire Department/Law Enforcement Agency Name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex/Date of Birth/Driver's License Number

Signature

Date

GCIC Consent Form
July 2006

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize: _____ with: _____ ph.# _____ - _____ - _____
(person picking up record) (Agency)
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(PRINT) Last Name _____ First Name _____ Middle/Maiden _____ Phone # _____ - _____ - _____

Address _____

Sex _____ Race _____ Hgt. _____ Eyes _____ Date of Birth _____ Social Security Number _____ - _____ - _____

Signature: (Before a Notary) _____

NOTARIZED:

Seal _____

Date _____ - _____ - _____

commission expires: _____ - _____ - _____

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled)Purpose code "M")
☐ Employment with elder care (Purpose code "N")
☐ Employment with children (Purpose code "W")
☐ Other Employment ☐ Real Est. Lic. ☐ Housing (Purpose Code "E")

One of the following me be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

LUMPKIN COUNTY SHERIFF'S OFFICE (USE ONLY)

_____/ DATE: _____ - _____ - _____

RAN BY: (INT.) _____

CONSENT FORM

As an applicant for a protective service position, i.e., Peace Officer, Detention Officer, Dispatcher, etc., or any other classified position wherein I may be located near or around inmates and/or have availability to classified law enforcement data, I hereby authorize Lumpkin County to receive any criminal history records information, driver history records information, or any other pertinent information pertaining to me which may be in the file of any federal, state or local criminal justice agency to be used for the purpose of my background investigation.

Full Name Printed: First, Middle, Last _____

Street Address, Apartment number, Etc. _____ (Do not list Post Office Box Numbers)

Driver's License Number _____ State of Issue _____ Expiration Date _____

In addition to your current state of residence, list all other states where you have lived. If none other, write "none" in this space: _____

Place of Birth _____ Date of Birth _____
City/County/State Month/Day/Year

Citizenship _____ Social Security Number _____

Height _____ Ft. _____ In. Weight _____ Lbs. Sex _____

Race _____ Color of Hair _____ Color of Eyes _____
(Spell out) (Spell out) (Spell out)

Signature of Applicant _____

Date _____

Signature of Notary _____

My Commission Expires _____

SHERIFF'S OFFICE QUIESTIONAIRE

The Sheriff's Office is required to order credit investigative background information on applicants for law enforcement. Please complete the following in order that a more accurate and complete report is received:

Positions require shift work or rotating shift work and other types of departure from standard daytime operating hours, weekends, weekends and holiday hours. As a necessary condition of employment, do you accept shifts, rotating shifts, or other necessary departures from standard operating hours? _____

Do you have any medical or emotional problems or disability that would prevent you from performing all duties required of a communications dispatcher? _____
If yes explain: _____

Have you ever worked in a position of trust that gave you availability to confidential, privileged information or information of a security/law enforcement nature? _____
If yes, explain: _____

Have you ever been asked to resign or have you ever been terminated (Fired) from a Job? _____
If yes, explain: _____

If you have ever been fingerprinted by a police or military agency other than for an arrest, give details below. (Your answer will be checked with the FBI and other agencies)

Were you ever the subject of a company punishment, or any other disciplinary action while a member of the Armed Forces, National Guard or other reserve unit? _____
If yes, explain: _____

Do you drink alcoholic beverages? _____ If yes, to what degree? _____

Have you been or are you now an unlawful user of marijuana, depressant, stimulant, or narcotic drug? _____
If yes, what were the circumstances? _____

List name(s) and age(s) of children and other dependents whether living in your household or not:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants Certification (Read the following statement before signing questionnaire):

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact herein may cause any offer of employment made by the Lumpkin County Sheriff's Office to be withdrawn, or if employed, my employment to be terminated. I further understand that any employment offered to me will be contingent on the results of a complete character and fitness investigation. I further and fully understand and consent to a Polygraph Examination concerning the veracity of my responses to the information requested on this application/questionnaire. I also understand and agree that this employment application/questionnaire shall be the property of the Lumpkin County Sheriff's Office. I understand and agree that if employed, I will not divulge to anyone any confidential, privileged information acquired by me during my employment, except as may be required by law. It is understood that, as a condition of employment in the Lumpkin County Sheriff's Office, I will, as provided by Law Governing Protective Services Personnel, submit to a polygraph test when specifically ordered to do so.

Signature of Applicant

Date

Witness

I certify that I have received a copy of applicant information form SO-I (cover sheet).

Signature of Applicant

Date

PERSONAL INQUIRY WAIVER

Name _____

Date _____

Date of Birth _____

Social Security Number _____

I respectfully request and authorize you to furnish Lumpkin County with any and all information that you may have concerning my school record, reputation, or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist the requesting agency in determining my qualifications and fitness for a position with Lumpkin County.

I hereby release you, your organization, Lumpkin County Government, and others from any liability or damage which may result from furnishing the information requested. This instrument is valid for twelve months from the above date and may be photocopied as needed by the requesting official(s).

Applicant's Signature

Address (Number, Street, Apartment)

City

State

Zip Code

AFFIDAVIT

STATE OF GEORGIA, COUNTY OF LUMPKIN

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

My Commission: _____

LUMPKIN COUNTY Employment Application



EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name		First	Middle	Date
Street Address			Apartment/Unit #	
City	State		ZIP	How long at this address?
Phone Number(s)			Social Security Number	
Position Applied for				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If offered employment you will be required to provide documentation to verify employment eligibility.				
Have you ever worked for Lumpkin County?		Position and Supervisor From To		
Do you have relatives working for Lumpkin County?		Name and Relationship		
Have you ever been convicted of an un-lawful offense?		A "yes" answer will not necessarily disqualify you from employment. If yes, explain		
Have you ever been convicted of a moving violation?		If yes, explain		

EDUCATION

High School	Location	Highest Grade Completed	7	8	9	10	11	12	GED
College or Business School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree								
Trade or Apprenticeship School	Specialty								
List licenses, certificates, vocational or business courses you have taken that relate to the job applied for.									

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT Begin with current or most recent employer. Include military service and volunteer work. Include last 10 years.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I authorize Lumpkin County to contact current and former employers and references. I authorize current and former employers and references to supply such information verbally or in writing to Lumpkin County Human Resources.

I understand that Lumpkin County has a Substance Abuse Policy that includes random drug and/or alcohol testing.

I understand that any offer of employment is contingent upon successful completion of a drug screening and may also be contingent upon passing a medical examination.

I certify that my answers are true and complete to the best of my knowledge. I have not knowingly withheld any information that would detrimentally affect my application for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature**Date**